WELL CONSTRUCTION DATA SHEET (WCD-034D) - Item #5.6

APPLICANT		Application/Permit N			0.										
Location No.	Proposed			Ex	isting		MPID No.								
		•	·		•										
INSTRUCTIONS:							Type of Well ()			
1. Make copies of this form as needed.							Baseline Well				Monitoring Well				
2. Fill in the information as applicable.							Date Well Completed								
3. Put additional information on attached sheet(s).							Drilling Method								
Well Owner Name							Diameter Drilled (in.)								
Drilling Company Name							Depth Drilled (ft.)								
Address							Depth Completed (ft.)								
Drilling Log Avai	Yes	Yes (include)			No	Surface Elevation (ft.) MSL									
VA State Plane Northing							Top of Casing Elevation (ft.)			on (ft.)					
VA State Plane l															
Depth to Targeted Water Producing Zone							CASING				NNEI	NNER OUTER			
		om surface)													
Monitored Zone Top (ft.)		Bottom (ft.)					Туре								
							Diameter (in.)								
							Leng	gth (ft.	.)						
				1			,								
Well Scree	Yes	Yes No								TER LEVEL(S)					
Screening Type							Feet below top of casing			Date Measured					
Screen Size Opening (in) Screened interval(s) (ft)		From	1	Го											
(from ground surface)		(ft.)		ft.)											
(22,222,82,222,82															
Well Gravel/Sand Packed?		Yes		No			Sealing M					Grout		Bento	nite
Gravel/Sand Type							Mixture	Wa (ga			Sac (No	ks Benton	ite		
Grade								1 (84	.1)			ks Grout ((No.)	+	
Gravel packed interval(s) (ft)		From	` ′				Grouted Interval(s) (ft)) (ft)	Fre	rom (ft.) To (ft.))
(from ground surface)		(ft.)	(ft.)				(from ground surface)			ace)					
Well Filter Wraj	mod2	Yes			lo										
Filter Material	opeu.				10										
Filter Size Openin	ng (in)														
Pump Test Cond		☐ Ye	. Тг	7 7	No										
If yes, include tes			° L	- '	NO										
Final Well Yield (gpm)		N	Method of Det			ation					Du	ration (hr	s.)		
Data Compiled by							Position/	Title				· · ·			
Title of Person Su							1		1						
Well Installation															